

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69861	2/5
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60574	3-20-6

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/5
2	✓	✓	2/5
3	✓	✓	2/5
4	✓	✓	2/5
5	✓	✓	2/5
6	✓	✓	2/5
7	✓	✓	2/5
8	✓	✓	2/5
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10	✓	✓	2/5
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48	✓	✓	2/5
49	✓	✓	2/5
50	✓	✓	2/5

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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